
Human Services Committee

ESSB 6665

Brief Description: Regarding the intensive case management and integrated crisis response pilot programs.

Sponsors: Senate Committee on Human Services & Corrections (originally sponsored by Senators Hargrove, Stevens and Marr).

Brief Summary of Engrossed Substitute Bill

- Authorizes the designated crisis responder for the integrated pilot to seek a court order for 60-day less restrictive treatment with conditions upon person's completion of 14-day involuntary commitment.
- Authorizes designated crisis responder for integrated pilot program to seek court order for additional 14-day involuntary commitment if person fails to meet conditions of court-ordered less restrictive treatment.
- Allows a person held for 14-day involuntary commitment to refuse antipsychotic medication unless a failure to medicate would result in likelihood of serious harm or substantial deterioration and no less intrusive treatment is available.
- Extends the integrated crises and intensive case management pilots until June 30, 2009.
- Requires the Washington State Institute for Public Policy to submit an interim report by June 2008 and extends the deadline for a final report until June 2010.
- Allows the Department of Social and Health Services to contract with additional counties or regional support networks for additional sites for intensive case management and integrated crisis within funding.

Hearing Date: 2/25/08

Staff: Linda Merelle (786-7092).

This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not a part of the legislation nor does it constitute a statement of legislative intent.

Background:

The House Human Services Committee passed a companion bill during the 2008 session, HB 2784. That bill, as passed by the committee, extended the pilot programs until June 30, 2009, required the Washington State Institute of Public Policy (WSIPP) to submit an additional interim report by June 2008, and extended the deadline for its final report until June 2010. The bill passed by the House committee did not address the new legislation which is proposed by the Senate bill.

In 2005, the Legislature passed ES2SSB 5763, the omnibus treatment of mental and substance abuse disorders act. In addition to other items, this legislation established two different types of pilot programs designed to serve persons with mental illness and/or chemical dependency. Under the original legislation, the pilot programs were set to expire as of June 30, 2008.

Pilot Projects

A. Intensive Case Management for Chemically Dependent/High Utilization of Crisis Services

Provides intensive case management for chemically dependent persons with history of high utilization of crisis services. Case managers perform outreach services and connect individuals to treatment, housing, and support services. The two sites are King County and Thurston/Mason Counties.

B. Involuntary Treatment – Chemical Dependency and/or Mental Disorder

These pilot projects are for adults with chemical dependency, mental disorder, or both. With training, staff, and resources, they provide 24-hour services, seven days per week, for both integrated services and secure detoxification services in two pilot areas, Sedro Woolley and Pierce County. They authorize the use of civil commitment options similar to those available under the mental health statutes.

Summary of Bill:

As with HB 2784, the involuntary treatment pilot programs are extended by one year until June 30, 2009. In addition, the Department of Social and Health Services may contract for additional pilot sites, subject to funding for that specific purpose. The WSIPP is required to submit an additional preliminary evaluation by June 30, 2008 and the deadline for the final report is due by June 30, 2010.

The Senate bill differs from the House bill in that it allows the designated crisis responder to petition the court for less restrictive treatment in addition to the 14-day involuntary commitment currently authorized under the statute. The petitioner must show by clear, cogent, and convincing evidence that the further less restrictive treatment is necessary, and the court may order less restrictive treatment where an outpatient treatment provider has agreed to supervise the individual pursuant to and conditions imposed by the court order.

If the individual does not abide by the conditions of the less restrictive order, the outpatient treatment provider or the designated crisis responder may petition the court for an additional 14-day involuntary commitment. If, after a hearing, the court finds that the individual has violated conditions, it may order the involuntary commitment or may allow the individual to continue with the less restrictive treatment under the same or modified conditions.

The Senate bill also includes a provision which gives an individual who is held pursuant to an order allowing a 14-day involuntary commitment the right to refuse to take antipsychotic medication. Such refusal is allowed unless it is determined that the failure to take such medication may result in a likelihood of serious harm or substantial deterioration and that there is no less intrusive course of treatment in the best interests of the individual.

Appropriation: None.

Fiscal Note: Preliminary fiscal note available.

Effective Date: The bill takes effect 90 days after adjournment of session in which bill is passed.